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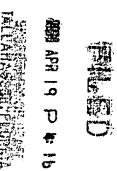
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COVER LETTER

TO: Amendment Section Division of Corporations

Bearcub Publishing, Inc.

Name of Corporation

POCUMENT NUMBER, P18000032711

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Virginia M. Rapkin

Name of Contact Person

Firm/Company

18245 Paulson Dr. #132

Address

Port Charlotte, Fl. 33954

City/State and Zip Code

jrapkin99@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Virginia M. Rapkin

.941 266-4634

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orgo er to change its registered office or regis	anized under the laws o	f the State of	Florida	
1. The name of	the corporation: Bearcub Publis	hing, Inc.			
2. The principal	office address: 4696 Libby Roa	d, North Port, F	l. 34287		
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 04/06/2018	B Document num	nber: P180	00032711	
	d street address of the current registered rtment of State: (If resigned, enter resign		ffice on file w	vith the	
	Virginia M. Rapkin			_	
	4696 Libby Road				
	North Port, Fl. 34287			<u>-</u>	
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or	r registered o	ffice	
	Virginia M. Rapkin			_	
	18245 Paulson Dr. #132		The co		
	Port Charlotte, Fi. 33954	OT acceptable	HANN AND AND AND AND AND AND AND AND AND	R W	
The street addr	ess of its registered office and the stree	et address of the busine	ess office of i	ts registered ligent,	
Such change w authorized by t	as authorized by resolution duly adopte he board, or the corporation has been n	ed by its board of directions and in the state of the sta	tors of by an	officer so	
Virginia	are of an officer of director	Virginia M. R	apkin, P	resident	
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered agent a to comply with the provisions of all sta my duties, and I am familiar with and is document is being filed merely to re that the corporation has been notified	atutes relative to the pr accept the obligation eflect a change in the re	roper and cor of my positio egistered offi	n as registered	
Vingny	1//Caph	Virginia M. R	_ 	Α	
U	chalf of an entity:		Date		
т	yped or Printed Name				

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *